STATEMENT OF

| FORM 1 | ORGANIZATION (See instructions) | |
|---|---|---------------------|
| 1. NAME OF COMMITTEE (in t | (Check if name Example: If typying, type | Office use only |
| HPAC | 1050 Connecticut Ave NW | |
| ADDRESS (number and s | street) | |
| (Check if address is changed) | Washington | DC 20036 _ |
| | CITY▲ | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAI (Check if address is changed) | L ADDRESS (Please provide only one e-mail address) satterfield.david@arentfox.com | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | |
| (Check if address is changed) | None | |
| 2. DATE M M M M O 6 3. FEC IDENTIFICA 4. IS THIS STATEM | 21 2011 TION NUMBER C C00495911 | |
| I certify that I have exami | ned this Statement and to the best of my knowledge and belief it is true, correct an Treasurer | d complete |
| Signature of Treasurer | Electronically Filed by David Satterfield | Date 07 / DD / YYYY |
| NOTE: Submission of fal | se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V | · · · · · |
| Office Use Only | For further information of Federal Election Commiss Toll Free 800-424-9530 | |